

CLAIMS ONLY

Application Number

10 1647442

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/	/				
2		/				
3	/					
4		/				
5	/					
6		/				
7	/					
8		/				
9		/				
10		/				
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47						
48						
49						
50						
Total Indep.	4					
Total Depend.	22					
Total Claims	26					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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100						
Total Indep.						
Total Depend.						
Total Claims						